



## Town of East Longmeadow Council on Aging

328 North Main Street, East Longmeadow, MA 01028  
413-525-5436 (Main Office) Fax: 413-526-9746



Carolyn Brennan  
Executive Director

### Medical Clearance Form

(Must be returned and reviewed before using the fitness center and on a yearly basis after that)

PATIENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please complete the following for the above patient's request to participate in the East Longmeadow Council on Aging Fitness Center:

#### 1. Health History

- ☐ Cardiac ☐ Pulmonary ☐ Seizures  
☐ Diabetics ☐ CVA ☐ Fainting or dizzy spells  
☐ Arthritis ☐ Hypertension ☐ Balance problems  
☐ Orthopedic ☐ Other

Please explain checked items if necessary:

\_\_\_\_\_  
\_\_\_\_\_

#### 2. Medications:

\_\_\_\_\_  
\_\_\_\_\_

#### 3. Please indicate any specific guidelines or limitations for this patient:

\_\_\_\_\_  
\_\_\_\_\_

4. Approval: I approve this patient for her/his use of the East Longmeadow Council on Aging Fitness Center and equipment:

PHYSICIAN'S SIGNATURE: \_\_\_\_\_

PHYSICIAN'S PRINTED NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please release the above information for my participation in the fitness center  
at the East Longmeadow Council on Aging

PATIENT'S SIGNATURE: \_\_\_\_\_

Please return to: Health Educator at above address.(update 9/29/10)